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CLERK, U.S. BANKRUPTCY COURT EASTERN DISTRICT OF CALIFORNIA B22A (Official Form 22A) (Chapter 7) (04/10) According to the information required to be statement (check one box as directed in Part 1, 111, or vi or unis statement): ☐ The presumption arises The presumption does not arise In re: Skinner, Samantha ☐ The presumption is temporarily inapplicable. Debtor(s) Case Number: (If known)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
17	□ Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

		Part II. CALCULATION OF N	10NTH	LY INCO	ME FOR § 707(b)(7)	EXC	LUSION			
	ī	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.								
	1	uptcy	ebtor declare law or my s the Bankrup	pous	se and I					
2	c. 🔽	Complete only Column A ("Debtor's I Married, not filing jointly, without the d Column A ("Debtor's Income") and C	eclaration	n of separat	e households set out in Lir		above. Con	nple	te both	
	d. [Married, filing jointly. Complete both (Lines 3-11.	Column A	4 ("Debtor	's Income") and Column	В ("	'Spouse's In	com	e") for	
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.						Column A Debtor's Income	5	Column B Spouse's Income	
3	Gro	ss wages, salary, tips, bonuses, overtime	e, commi	ssions.		\$	3,967.17	\$	1,082.64	
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.									
	a.	Gross receipts		\$						
	b.	Ordinary and necessary business expens	ses	\$						
	c.	Business income		Subtract I	line b from Line a	\$		\$		
_	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.									
5	a.	Gross receipts		\$						
	b.	Ordinary and necessary operating exper	nses	\$						
	c.	Rent and other real property income		Subtract I	line b from Line a	\$		\$		
6	Inte	rest, dividends, and royalties.				\$		\$		
7	Pens	sion and retirement income.				\$		\$		
8	Any expe that by ye	\$		\$						
9	How was	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:								
	cla	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ Spouse \$						\$		

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10	sour paid alim Secu	ome from all other sources. Specify source and amount. If necessary, I ces on a separate page. Do not include alimony or separate maintenal by your spouse if Column B is completed, but include all other payony or separate maintenance. Do not include any benefits received unity Act or payments received as a victim of a war crime, crime against extim of international or domestic terrorism.	ANTALANANA				
	a.		\$				
	<u>L</u> b.		\$				
	To	tal and enter on Line 10		\$		\$	· · · · · · · · · · · · · · · · · · ·
11		Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s). \$ 3,967.1					
12	Line	Al Current Monthly Income for § 707(b)(7). If Column B has been contained to Line 11, Column B, and enter the total. If Column B pleted, enter the amount from Line 11, Column A.		\$			5,049.81
		Part III. APPLICATION OF § 707(B)(7)	EXCLUSION				
13	1	nualized Current Monthly Income for § 707(b)(7). Multiply the amound enter the result.	ınt from Line 12 b	y the	number	\$	60,597.72
14	hous	clicable median family income. Enter the median family income for the sehold size. (This information is available by family size at www.usdoj.goankruptcy court.)			erk of		
	a. Er	nter debtor's state of residence: California b. Ente	er debtor's househ	old s	ize: 2	\$	61,954.00
15	Y	lication of Section 707(b)(7). Check the applicable box and proceed as The amount on Line 13 is less than or equal to the amount on Line not arise" at the top of page 1 of this statement, and complete Part VIII. The amount on Line 13 is more than the amount on Line 14. Complete Part VIII.	14. Check the box do not complete	Parts	IV, V, VI	or '	VII.

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

16 Enter the amount from Line 12.								
17	Line debt payn debt	rital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any 11, Column B that was NOT paid on a regular basis for the household expenses of the or's dependents. Specify in the lines below the basis for excluding the Column B incoment of the spouse's tax liability or the spouse's support of persons other than the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list strength on a separate page. If you did not check box at Line 2.c, enter zero.	e debtor or the me (such as or or the					
	a.		B					
	b.		8					
	c.		5					
	Total and enter on Line 17.							
18	Cur	rent monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the re	sult.	\$				
	-	Part V. CALCULATION OF DEDUCTIONS FROM INCO	OME					
		Subpart A: Deductions under Standards of the Internal Revenue Ser	vice (IRS)					
National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)								

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19B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.							
	Household members under 65 years of age		Т	ers 65 years of	age or older			
	a1. Allowance per member	a2.	Allowance p					
	b1. Number of members c1. Subtotal	b2.	Number of r	nembers				
	C1. Subtotal	CZ.	Subtotal			\$		
20A	Local Standards: housing and utilities; non-mortga and Utilities Standards; non-mortgage expenses for the information is available at www.usdoj.gov/ust/ or from	e appli	cable county a	ind household si		\$		
20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.							
	a. IRS Housing and Utilities Standards; mortgage/	\$						
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 \$							
	c. Net mortgage/rental expense			Subtract Line	b from Line a	 \$		
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:							
The state of the s	Local Standards: transportation; vehicle operation an expense allowance in this category regardless of what and regardless of whether you use public transportation	hether						
22A	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.							
	☐ 0 ☐ 1 ☐ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards:							
	Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk							
	of the bankruptcy court.) Local Standards: transportation: additional public	trone	nortation evr	nense Ifvou na	the operating	\$		
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)							

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B22A (Official Form 22A) (Chapter 7) (04/10) Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) ☐ 1 ☐ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; 23 subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42 b. c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. 24 IRS Transportation Standards, Ownership Costs, Second Car Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42 b. Subtract Line b from Line a Net ownership/lease expense for Vehicle 2 Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all 25 federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes. Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly 26 payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay 27 for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. \$ Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are 28 required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. \$ Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of 29 employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend 30 on childcare — such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. \$ Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not 31 reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone 32 service — such as pagers, call waiting, caller id, special long distance, or internet service — to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. 33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.

			onal Living Expense Deductions penses that you have listed in Lines 19-32				
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.						
	a.	Health Insurance	\$				
•	b.	Disability Insurance	\$				
34	c.	Health Savings Account	\$				
	Tota	l and enter on Line 34	1	\$			
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:						
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.						
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.						
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.						
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.						
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.						
40		tinued charitable contributions. Enter the am or financial instruments to a charitable organiz	nount that you will continue to contribute in the form of cation as defined in 26 U.S.C. § 170(c)(1)-(2).	\$			
41	Tota	l Additional Expense Deductions under § 70	07(b). Enter the total of Lines 34 through 40	\$			

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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		\$	Subpart C	: Deductions for De	ebt Payment			
	you o Payn the to follo	re payments on secured claims own, list the name of the creditor nent, and check whether the payrotal of all amounts scheduled as wing the filing of the bankruptcy. Enter the total of the Average N	, identify nent inclu- contractua case, div	the property securing des taxes or insurance lly due to each Secur ided by 60. If necessa	the debt, state the A e. The Average Mon ed Creditor in the 60	Average Monthly nthly Payment is 0 months		
42		Name of Creditor	Property	Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?		
	a.	·			\$	□ yes □ no		
	b.				\$	□ yes □ no		
	c.				\$	□ yes □ no		
		`		Total: Ad	ld lines a, b and c.		 \$	
	you i credi cure fored	ence, a motor vehicle, or other p may include in your deduction 1/ for in addition to the payments I amount would include any sums closure. List and total any such a rate page.	60th of an isted in Li in default	y amount (the "cure and a 42, in order to mathemathe that must be paid in	amount") that you m intain possession of order to avoid repos	the property. The session or itional entries on a		
43		Name of Creditor		Property Securing the Debt		1/60th of the Cure Amount		
	a.					\$		
	b.					\$		
	c.					\$		
				Total: Add lines a, b and c.			\$	
44	such	nents on prepetition priority cl as priority tax, child support and ruptcy filing. Do not include cu	l alimony	claims, for which you	u were liable at the ti	ime of your	\$	
	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.							
	a.	Projected average monthly cha	pter 13 pl	an payment.	\$			
45	b.	Current multiplier for your district as de schedules issued by the Executive Office Trustees. (This information is available www.usdoj.gov/ust/ or from the clerk of court.)		for United States	nited States			
	c.	c. Average monthly administrative expense of chapter 13 Total: Multip case and b			Total: Multiply Lir	nes a	\$	
46	Tota	l Deductions for Debt Paymen	t. Enter th	e total of Lines 42 th	rough 45.		\$	
	1	·		: Total Deductions				
47	Tota	al of all deductions allowed unc	ler § 707(b)(2). Enter the total	of Lines 33, 41, and	l 46.	\$	

Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION

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Date:

	48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))										
ſ	49	Enter the amour	t from Line 47 (Total of all deductions allowed under § 707(b)(2))		\$							
	50	Monthly disposa	ble income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the	result.	\$							
	51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.										
		Initial presumption determination. Check the applicable box and proceed as directed.										
			on Line 51 is less than \$7,025*. Check the box for "The presumption does ent, and complete the verification in Part VIII. Do not complete the remainded		e top of page 1							
	52	The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.										
		The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 though 55).										
	53	Enter the amour	t of your total non-priority unsecured debt		\$							
Ą.	54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.										
vare 0		Secondary presumption determination. Check the applicable box and proceed as directed.										
orms Soft	55	The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.										
)-998-2424] - F	The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The prairies" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also comvil.											
nc. [1-800	Part VII. ADDITIONAL EXPENSE CLAIMS											
© 1993-2011 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only		Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect average monthly expense for each item. Total the expenses.										
© 199		Expense D	escription	Monthly A	mount							
	56	a.		\$								
		b.		\$								
		c.		\$								
			Total: Add Lines a, b and c	\$								
			Part VIII. VERIFICATION									
	57	I declare under p both debtors mus	enalty of perjury that the information provided in this statement is true and control sign.) Signature:	orrect. (If this a	i joint case,							

Signature:

(Joint Debtor, if any)

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.